

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## APPLICATION INFORMATION FORM

### ATTENTION

### IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

# Department of Regulation & Licensing

State of Wisconsin  
(608) 266-2811

TTY# (608) 267-2416, hearing or speech  
TRS# 1-800-947-3529, impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 261-7083

## HEARING AND SPEECH EXAMINING BOARD

### APPLICATION FOR LICENSURE TO PRACTICE AUDIOLOGY

Information requested is required for processing.

#### PLEASE TYPE OR PRINT IN INK

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Former Name(s) (If Applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

(A Post Office Box is NOT acceptable)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnic and gender status information is optional and is for research and reporting to the Equal Employment Opportunity Commission.

Race: \_\_\_\_\_ (1) White, not of Hispanic origin Sex: \_\_\_\_\_ M \_\_\_\_\_ F  
\_\_\_\_\_  
(Check one) \_\_\_\_\_ (2) Black, not of Hispanic origin  
\_\_\_\_\_  
\_\_\_\_\_ (3) Hispanic  
\_\_\_\_\_  
\_\_\_\_\_ (4) American Indian or Alaskan  
\_\_\_\_\_  
\_\_\_\_\_ (5) Asian or Pacific Islander  
\_\_\_\_\_  
\_\_\_\_\_ (6) Other

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
(City) (State)

Date of Diploma: \_\_\_\_\_  
month/day/year

Degree: \_\_\_\_\_ Speciality: \_\_\_\_\_

APPLICATION FEES: (Please check applicable blanks) (Make check payable to Department of Regulation and Licensing and attach to application).

#### For Receiving Use Only

\_\_\_\_\_ Earmold & Audiometric Exam  
\$266.00 Exam Fee  
\_\_\_\_\_ 53.00 Initial Credential Fee  
\$319.00 Total fee attached

\_\_\_\_\_ Equivalency (Submit information for review)  
\$ 53.00 Initial Credential Fee  
\$ 53.00 Total fee attached

\_\_\_\_\_ Reciprocity – North Dakota or Texas only (candidates must be  
credentialed as a Hearing Instrument Specialist in  
North Dakota or Texas)  
\$ 106.00 Initial Credential Fee  
\$ 106.00 Total fee attached

\_\_\_\_\_ TEMPORARY LICENSE (Exam candidates only)  
\$ 10.00 Is required in addition to the above fee (non-refundable)

# State of Wisconsin Department of Regulation & Licensing

## APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Copy of professional diploma and translation if necessary.

Certificate of Professional Education (Form #1985).

Addendum to Application Form (Form #2380)

Copies of malpractice suit(s).

Fee(s) attached to this application.

Letters from all State Boards where licensed (includes active and inactive licenses).

Verification of certification from the American Speech-Language Hearing Association (Form #1977).

**IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.**

**PRACTICE:** Account for all activities and practice from date of graduation to the present time. **Must include professional and nonprofessional activities. ALL time and dates must be accounted for.**

<u>LOCATION</u>	<u>DATES (from - to)</u> mo/yr	<u># OF HOURS</u> <u>PER WEEK</u>	<u>JOB TITLE &amp;</u> <u>DUTIES</u>
1.			
2.			
3.			
4.			

**I AM CREDENTIALIAED IN THE FOLLOWING STATES (UNLIMITED):**

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**YOU ARE REQUIRED TO HAVE EACH STATE BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALIAED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN HEARING AND SPEECH EXAMINING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.**

**PLEASE CHECK ONE FOR TEMPORARY LICENSURE:**

\_\_\_\_ I plan to take the next National Certifying Examination on \_\_\_\_\_ mo/day/yr

\_\_\_\_ I have taken and am awaiting the results of the National Certifying Examination.

# State of Wisconsin Department of Regulation & Licensing

## ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed to pass any state board examination, national board examination, or NESPA examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you incarcerated, on probation or on parole for any conviction. If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have your hospital privileges ever been limited or removed? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s).	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the Drug Enforcement Administration ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>

# State of Wisconsin Department of Regulation & Licensing

## AFFIDAVIT OF APPLICANT

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Hearing and Speech Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
State

My Commission Expires: \_\_\_\_\_

**S E A L**

**NOTE:** This affidavit must be signed by the applicant in the presence of the notary public on the same date.

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Website: <http://www.drl.state.wi.us>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING BUREAU OF HEALTH PROFESSIONS

### IMPORTANT INFORMATION

Applicants, recruiters and institutions and others involved in the placement of individuals who seek to be credentialed in the state of Wisconsin should understand that the credentialing process **may take anywhere from 30 to 60 days**, and that credentialing is not guaranteed to any applicant. Some factors that determine the length of time it may take to process an application depends on the length of time the applicant has been in practice, the total number of jurisdictions the applicant has been credentialed in and the length of time it takes for supporting documents to be received in the board office and reviewed.

The application consists of an all-inclusive packet with instructions and information on all applicable requirements. We attempt to process applications in a timely fashion. We cannot issue a credential until all the required documents have been received and reviewed in the board office. It is the Department's legislative mandate to provide consumer protection for Wisconsin residents.

The Bureau and the Board have been prevailed upon to waive requirements to expedite the process, only to discover legitimate grounds to deny a credential. This can present a serious problem for the applicant, recruiter or institutions if the applicant has relocated, purchased property, or made other commitments prior to the issuance of a Wisconsin credential. **We urge you not to make these moves until you know that your credential has been issued.**

Please "plan ahead" as we cannot speed up the credentialing process nor waive supporting documents even in emergency situations.

# Department of Regulation & Licensing

State of Wisconsin

Information requested is  
required for processing.

P.O. Box 8935, Madison, WI 53708-8935

(608) 266-1396

TTY# (608) 267-2416 ]-hearing or speech  
TRS# 1-800-947-3529 ]-impaired only

## HEARING AND SPEECH EXAMINING BOARD

### AUDIOLOGIST CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY THE SCHOOL YOU RECEIVED YOUR MASTERS DEGREE  
FROM AND RETURNED TO THE HEARING AND SPEECH EXAMINING BOARD

<b>APPLICANT - Please complete this section.</b>	
<b>NAME</b> (First, Middle, Maiden, Last) _____	<b>Social Security Number*</b> ____ - ____ - ____
<b>ADDRESS</b> (City, State, Zip) _____	<b>Date of Graduation</b> ____ / ____ / ____
<b>CERTIFYING SCHOOL - Please complete this section.</b>	
<b>NAME OF INSTITUTION</b> _____	<b>LOCATION OF INSTITUTION</b> _____
<b>DEGREE AWARDED</b> _____	<b>MAJOR</b> _____
<b>DATE DIPLOMA GRANTED**</b> _____	

\_\_\_\_\_  
Signature of Dean or Department Head

\_\_\_\_\_  
Date

**SCHOOL SEAL**

\* For use in the school locating your records.

\*\* DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS ACTUALLY GRADUATED. Anticipated dates of graduation will not be accepted.

#1985 (Rev. 8/95)

Ch. 459, Stats.

Committed to Equal Opportunity in Employment and Licensing

# Department of Regulation & Licensing

## State of Wisconsin

Information requested is required  
for processing this request.

P.O. Box 8935, Madison, WI 53708-8935

(608) 266-1396

TTY# (608) 267-2416, hearing or speech

TRS# 1-800-947-3529, impaired only

### HEARING AND SPEECH EXAMINING BOARD

#### TEMPORARY LICENSE REQUEST TO PRACTICE AUDIOLOGY

**TEMPORARY LICENSES MUST BE APPROVED BY TWO MEMBERS OF THE COUNCIL ON SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY. APPROVAL CANNOT BE GRANTED UNLESS A COMPLETED APPLICATION, REQUIRED FEES, AND ALL SUPPORTING DOCUMENTS ARE ON FILE.**

NAME OF APPLICANT: (Please print) \_\_\_\_\_

**Please check all that apply:**

\_\_\_\_ I am currently working on completing my clinical fellowship year.

\_\_\_\_ I have taken the National Certification Examination for Audiology and am awaiting results.

\_\_\_\_ I am scheduled to take the next National Certification Examination on \_\_\_\_/\_\_\_\_/\_\_\_\_ for Audiology.

---

#### ***AFFIDAVIT OF SUPERVISING AUDIOLOGIST***

I wish to request that a temporary license to practice audiology in the State of Wisconsin be issued to \_\_\_\_\_ . I am aware that a temporary license may be issued for a period not to exceed 9 months and may be renewed once, at the discretion of the board.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Agency/Department

\_\_\_\_\_  
Print Name and Wisconsin License Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date



# Department of Regulation & Licensing

## State of Wisconsin

Information requested below is required  
for processing this request.

P.O. Box 8935, Madison, WI 53708

(608) 266-1396

TTY# (608) 267-2416 ] hearing or speech  
TRS# 1-800-947-3529 ] impaired only

### HEARING AND SPEECH EXAMINING BOARD

#### AUDIOLOGIST

#### REQUEST FOR VERIFICATION OF CERTIFICATION

**APPLICANT:** PLEASE COMPLETE THIS FORM AND **FORWARD** TO THE AMERICAN  
SPEECH-LANGUAGE HEARING ASSOCIATION AT THIS ADDRESS:

AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION  
10801 Rockville Pike  
Rockville, MD 20852  
(301) 897-5700

Please submit to the **State of Wisconsin** evidence that the individual named  
below has successfully completed the NESPA examination and completed a  
post-graduate clinical fellowship year; or verification of certification of  
clinical competence.

NAME

NESPA I.D. #/SOC. SEC. #\*

ADDRESS

DAYTIME PHONE NUMBER

CITY, STATE AND ZIP

DATE OF BIRTH

NAME ON CERTIFICATION RECORDS  
IF DIFFERENT FROM ABOVE

MONTH/YEAR OF EXAMINATION

MONTH/YEAR OF CERTIFICATION

APPLICANT'S SIGNATURE

(DATE)

**ATTENTION:** AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION

**PLEASE MAIL EVIDENCE REQUESTED TO THE FOLLOWING ADDRESS:**

Department of Regulation & Licensing  
Hearing and Speech Examining Board  
P.O. Box 8935  
Madison, WI 53708-8935

\*For use in locating your records.

#1977 (4/93)

Ch. 459, Wis. Stats.

HP-801

# Department of Regulation & Licensing

State of Wisconsin  
(608) 266-2112

TTY# (608) 267-2416<sup>1</sup> hearing or speech  
TRS# 1-800-947-3529<sup>1</sup> impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: [dorl@drl.state.wi.us](mailto:dorl@drl.state.wi.us)

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-1803

## ADDENDUM TO APPLICATION

Information requested is required for processing.

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name

Middle Initial

Last Name

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Social Security Number or FEIN

Date of Birth

Type of Credential

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

## INFORMATION AVAILABLE TO THE PUBLIC - NONDISCLOSURE OF CERTAIN PERSONAL INFORMATION

☐ Your name, credential number, address, status and other credentialing information are available to the public. However, you may check this box to declare that your name and address not be disclosed on any list of ten or more individuals that the department furnishes to another person.<sup>5</sup>

## DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.<sup>6</sup> If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.<sup>2</sup>

#2380 (Rev. 10/00)

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

<sup>5</sup> Section 440.14, Wis. Stats.

<sup>6</sup> Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Committed to Equal Opportunity in Employment and Licensing

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## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip) \_\_\_\_\_

Mail To Address (if different) \_\_\_\_\_

Date of Birth ____ month ____ day ____ year	Social Security Number ____-____-____ <small>Information helps us identify your record, but is voluntary. It is not available to the public.</small>
--	--

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: \_\_\_\_\_
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

**It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.**

<u>OFFENSE</u>	<u>DATE</u>	<u>CITY/STATE</u>

Attach additional sheet(s) if necessary.

# Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED

☐

☐

\_\_\_\_\_

Did you successfully complete the program?

☐

☐

\_\_\_\_\_

Please attach the certificate of completion/discharge summary.

(Check all that apply)

4. Have you ever been sentenced to:

☐ Probation

YES

NO

MO/YR COMPLETED

☐

☐

\_\_\_\_\_

☐ Parole

☐

☐

\_\_\_\_\_

☐ Ordered to pay restitution

☐

☐

\_\_\_\_\_

Did you successfully complete one of the above as ordered by the court?

☐

☐

\_\_\_\_\_

If you are **currently** on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

PENDING CHARGE

DATE OF ARREST

LOCATION OF ARREST (city/state)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

Date

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Notary Public

Date

My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**

# Department of Regulation & Licensing

State of Wisconsin

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## NOTICES

### **TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS**

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### **PROCEDURES ON APPLICATION DENIAL**

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### **MAILING ADDRESS AND CHANGE OF ADDRESS**

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

### **PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY**

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### **AMERICANS WITH DISABILITIES ACT**

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 10/00) ss. 15.04 (1) (m), 19.35, Stats.

<sup>a</sup> Section RL 4.06 of the Wisconsin Administrative Code

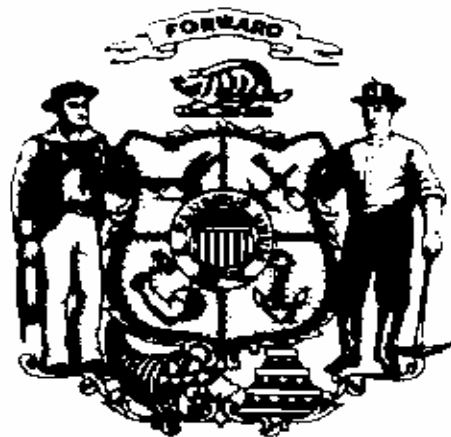
**STUDY GUIDE**

**FOR**

**HEARING INSTRUMENT SPECIALISTS**

**AND**

**AUDIOLOGISTS**



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## INTRODUCTION

This study guide is designed to assist you in preparing for the hearing instrument specialist and audiologist examinations administered under the jurisdiction of the Wisconsin Hearing and Speech Examining Board. The study guide will provide information regarding steps to take in applying for a license, recommended references, the tasks you should be able to perform, supplies to bring, outlines pertaining to the practical and written examinations, and information pertaining to results, reviews, and re-takes of examinations.

### *HEARING INSTRUMENT SPECIALISTS*

#### NOTICE TO TRAINERS/SPONSORS AND CANDIDATES

It is highly recommended that all candidates contact the Department of Regulation & Licensing for a trainee permit. A trainee permit allows candidates to practice fitting hearing instruments, make ear impressions and measurements of human hearing for the purpose of fitting hearing instruments for a period of one year while under the direct supervision of a licensed hearing instrument specialist.

Candidates need experience in working with hearing impaired clients prior to testing. Candidates should be prepared to test all types and degrees of hearing loss including: symmetrical, asymmetric, unilateral, conductive, sensorineural, mixed, unilateral and bilateral. **Candidates should be prepared to describe the full electroacoustic characteristics of hearing instruments and relate them to various types and degrees of hearing loss.** They should also be aware of appropriate need for medical referrals.

Candidates should have knowledge and experience in masking, including what types, when and why utilized, and how much masking is needed to be effective.

Candidates who have not had a training permit and experience will be at a **significant disadvantage** in being prepared to take the practical and written examinations for licensure.

Candidates are required to use a **manual audiometer** to take the audiometric portion of the examination. It is the decision of the Hearing and Speech Examining Board that audiometers with microprocessing default capabilities must be utilized in the manual mode of operation. The board members who also served as examiners found that examinees who used audiometers with automatic default capabilities had increased difficulties modifying their technique when demonstrating various tasks in response to examiner's questions. They also had difficulty demonstrating competency of the audiometric technique within the fifty-minute examination time.

Please read this study guide carefully to be thoroughly prepared for the licensing examinations.



## STEPS IN APPLYING FOR A *HEARING INSTRUMENT SPECIALIST* LICENSE

### I. Training

- A. **Trainer/Sponsor**-Contact a trainer/sponsor to begin learning about the profession.
- B. **Application/Training Permit**-Contact the Department of Regulation and Licensing at (608) 266-1396 to request an application for licensure. It is highly recommended that you also apply for a temporary trainee permit.
- C. **Train**-Work under the supervision of your trainer. You may receive one-on-one instruction from your trainer, attend seminars, read educational materials, etc. to gain knowledge and experience. The length of time to train varies, but approximately 6 months of training is recommended to be sufficiently trained to pass the licensing examinations.

### II. *STEPS IN APPLYING FOR AN AUDIOLOGIST LICENSE*

- A. **Application**-Contact the Department of Regulation and Licensing at (608) 266-1396 to request an application for a temporary license. Applicants are eligible for a temporary license during their postgraduate fellowship. Applicants must make application to the examining board and present evidence that they have completed a master's degree or equivalent from a college or university approved by the board.
- B. The applicant must work under the supervision of an audiologist licensed under this statute.

### III. Examination Preparation

- A. **Examinations**-There are three examinations for hearing instrument specialist licensure: a written test of theory, an ear mold & hearing instrument fitting practical, and an audiometric practical. The practical exams test skill in making ear impressions, measuring hearing, and fitting hearing instruments. *Audiologists are not required to take the written examination.*
- B. **Steps in Preparing for the Exams**
  - 1. **Schedule Exam Date**-Examinations are offered in March, June, September, and December. Be sure your application and all supporting documents are on file 30 days prior to the date of the examination.
  - 2. **References**-To prepare for the written examination, check the list of suggested references to study.
  - 3. **Critical Tasks**-Study the list of critical tasks. Review your skills against this list and be sure you can perform all of them. These tasks should become a routine part of your daily job activities with clients.

## **IV. Examination Preparation**

### **A. Steps in Preparing for the Exams**

1. **Examination Outlines-**Study the outlines for the ear mold and audiometric examinations and be familiar with each step. Take careful note of the time limitations. Practice simulated examinations with your trainer before coming to the exam site. Be sure your practice includes all points covered by the exam, so you can do the tasks automatically.
2. **Pack Supplies-**Use the supply list to pack all of your equipment for the examination. Do not plan to share supplies with other candidates. Tape recorders and compact disc players for speech testing are not recommended because they can consume too much time. Be sure to practice on the audiometer that you will use for the examination so you are familiar with it.

### **B. Day of the Examination**

1. The practical examinations are held in the morning. Please plan sufficient time to be able to arrive for your scheduled time.
2. You will check in with the proctor. Be sure to have your admission ticket and a photo I.D. The proctor will also check for proof that your audiometer has been calibrated within the last 12 months.
3. You will sit in a waiting area until called. You may be told to start with either the ear mold examination or the audiometric examination depending upon room availability. You may be asked to sit outside the assigned station until given notice to enter. After completing both examinations, you will return to the original waiting area and check out with the proctor. Be sure to plan to spend at least 2 hours to complete the practical examinations (not including waiting time between exams).
4. The proctor will tell you at what time to return if you are scheduled to take the written examination in the afternoon.

### **C. Results/License**

1. You will not receive results at the examination. A results ticket will be mailed to you in less than 4 weeks. Licenses will be mailed to passing candidates within 2 weeks of notification of examination results.

## REFERENCES

The following references are relevant study materials but are not required by the department or the board. It is not necessary to read each and every one of these books but the examination is based on what is contained in many of them. If any of these materials are not available from your public library, please contact your trainer. There may be additional training protocols available through your supervisor or through various manufacturers of hearing instruments.

Hodgson, William W. and Skinner, Paul, editors, Hearing Aid Assessment and Use in Audiologic Habilitation, Baltimore, Williams and Wilkins, second edition, 1981.

Katz, Jack, Ph.D., editor, Handbook of Clinical Audiology, Baltimore, Williams and Wilkes, fourth edition, 1994.

Martin, Frederick, Introduction to Audiology, New Jersey, Prentice-Hall, Inc., third edition, 1985.

International Institute for Hearing Instruments Studies Education Division of the International Hearing Society Basic Course for Independent Study of Hearing Aid Audiology, Livonia, Michigan, fourth edition, 1986.

Sandlin, Robert E., editor, Textbook of Hearing Aid Amplification: Technical and Clinical Considerations, San Diego, Singular Publications second edition, 2000.

Wisconsin Statutes and Wisconsin Administrative Code Relating to the Hearing and Speech Examining Board, 1995, Chapter 459, HAS 1-5,7,8 for Hearing Instrument Specialists and HAS 6,7,8 for Audiologists.

## **CRITICAL TASKS**

You should be able to competently and completely perform the following critical tasks in order to pass the examinations:

### **A. Consultation with Client**

1. Collect information from verbal interaction with client
2. Determine client's needs
3. Apply knowledge of FDA regulations
4. Apply knowledge of state licensing laws
5. Advise client of findings and course of action

### **B. Examination of Ear for Physical Problem**

1. Recognize physical problems of external ear structure and function.
2. Recognize physical problems of middle ear structure and function
3. Recognize physical problems of inner ear structure and function
4. Practice proper sanitation prior to and during exam, testing and fitting
5. Examine ear with otoscope

### **C. Test Client for Degree of Impairment**

1. Apply knowledge of acoustics pertaining to hearing and speech
2. Apply knowledge of rules for pure tone audiometry including performance of air conduction and bone conduction testing
3. Operate audiometric testing equipment
4. Perform appropriate masking, as necessary, for each type of test
5. Apply knowledge of rules for speech audiometry
6. Identify type of hearing impairment
7. Interpret audiograms for fitting

### **D. Fit Ear molds and Hearing Instruments**

1. Obtain an ear mold impression
2. Apply knowledge of ear mold acoustics
3. Describe complete electroacoustic characteristics of hearing instruments
4. Understand and describe hearing instrument repair
5. Explain uses for assistive listening devices
6. Describe hearing instrument components

### **E. Physics of Sound**

1. Explain physical properties of sound.
2. Understand and explain the perceptual aspects of sound (psychoacoustics).
3. Define terminology related to physics of sound.

## SUPPLIES

**Each applicant should bring the supplies listed below. Do not plan to share supplies with other candidates. Use this as a checklist to pack your supplies for the day of the exam.**

### **A. Ear Mold & Hearing Instrument Fitting Examination**

1. Otoscope
2. Cold sterilization (zephiran chloride, alcohol, etc.)
3. Tissue
4. Foam block/cotton pellets of various sizes (prepared in advance)
5. Nylon thread or dental floss
6. Scissors
7. Ear light
8. Mixing container
9. Spatula
10. Three or more batches of impression material
11. Clean container for transporting above items
12. Mailing carton
13. Cloths for hand wash
14. Syringes
15. Watch or clock is suggested
16. The following kinds of order forms with the name of the applicant, his or her employer, and the hearing instrument manufacturer blacked out:
  - a. ear mold order forms
17. Sample models of each of the following kinds of hearing instruments to be used for demonstration purposes during hearing instrument fitting portion of the exam:
  - a. behind-the-ear
  - b. in-the-ear
  - c. in-the-canal
  - d. body type
  - e. CIC or custom in the canal

All supplies must be clean and usable for the purpose of taking impressions without danger to the client. Applicants test will be terminated if improper procedures pose a danger to the client".

## **SUPPLIES (Continued)**

**Each applicant must bring the supplies listed below. The candidate shall not share supplies with other candidates. Use this as a checklist to pack your supplies for the day of the exam.**

### **B. Audiometric Examination**

1. Manual audiometer with accessories for testing air and bone conduction and speech. Be sure audiometer is in working order, is fully equipped for testing air and bone conduction and speech, and shows proof of having been calibrated within the last 12 months.

**NOTE-THIS WILL BE CHECKED PRIOR TO ADMISSION. CANDIDATES WHOSE EQUIPMENT DOES NOT MEET THE LISTED SPECIFICATIONS WILL NOT BE PERMITTED TO ENTER THE AUDIOMETRIC TESTING STATION.**

**Special Note Regarding Microprocessing Audiometers:** Though audiometers with microprocessing default capabilities are allowed, they must be used in the manual mode of operation. Please note that candidates who have used this type of audiometer have had increased difficulties modifying their technique when demonstrating various tasks in response to examiner's questions. They also had difficulty demonstrating competency of the audiometric technique within the 50 minute examination time.

2. Three blank audiograms (not manufacturer order forms)

## GENERAL INFORMATION FOR PRACTICAL EXAMINATIONS

1. The morning session has two practical examinations that are conducted: the audiometric and the ear mold & hearing instrument fitting exams. If you are scheduled for both practical examinations, it will take at least two hours of elapsed time to complete the rotation.

Prior to each practical examination, you will be given a few minutes to set up your equipment and to read a candidate instruction sheet. The practical examinations are **simulations** and require a **sample** demonstration of each area tested. The test time for the audiometric examination is 50 minutes. The time limit for the ear mold examination is 30 minutes. **Remember to pace yourself to complete each examination within the test time allowed.** You may wish to bring a watch for this purpose. The examiners will inform you of the time you have remaining.

2. You will tell the examiner your candidate identification number. **Please do not use your name, title, address, or where you may be employed.** The examiners are present to observe and grade only. You should say aloud what you are doing as you perform each aspect of the examinations. You should describe out loud to the examiners what you are looking for throughout each practical examination.

Examiners will not give you feedback about your performance. Proceed through each examination, pacing yourself to cover the most important points in the time allowed. Do not wait for the examiner to prompt you to move ahead. Examiners will prompt you to move to the next step only if you spend too much time on any one part. The end of the time period will be announced. At that time please complete your explanation and present any closing comments.

3. When you have finished the practical examinations you will report back to the original waiting area. You must then leave the examination area until the check-in time for the written examination.
4. Remember that the examination contents are not to be discussed with anyone between portions of the examination or after the examination is completed. Failure to adhere to this rule is grounds for discipline.

## EAR MOLD & HEARING INSTRUMENT FITTING EXAMINATION-(30 minutes)

The main points of the examination will include the following:

### A. Impression of the Ear 50 pts.

1. Sanitary technique throughout the procedure (3 pts)
2. Instructions to client (3 pts.)
  - a. Explain what you are going to do
  - b. Explain why and how you are going to take the impression
3. Inspect the ear with otoscope (3 pts.)
4. Pellet/foam block insertion technique (12 pts.)
5. Impression material insertion (15)
5. Demonstrate proper removal of impression from ear (10 pts.)
6. Inspect ear canal again with otoscope (4 pts.)

### B. Evaluation of the impression 20 pts.

1. Full canal (past second bend) (5pts.)
2. Unbroken helix (5pts.)
3. Clearly defined tragus (5pts.)
4. Complete concha bowl (5pts.)

Total 70 pts

49 of 70 needed to pass this section

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### C. Recommendation for instrument electroacoustic characteristics & earmold 45 pts.

1. You will be given a sample audiogram and description of a client's hearing status. You will be asked to determine an appropriate ear mold and hearing instrument for the client and provide a rationale for your selection.
2. *You will be required to specify ALL the electroacoustic characteristics of the hearing instrument. These include, but are not limited to, gain, output, slope, canal length, venting diameter, and circuit type. BECAUSE THIS IS AN EXAMINATION IN WHICH YOU ARE TO DEMONSTRATE YOUR KNOWLEDGE ABOUT HEARING INSTRUMENTS, AN ANSWER TO CIRCUIT TYPE OF "PROGRAMMABLE" OR "DIGITAL" IS NOT ACCEPTABLE. You must specify the general type of circuit to demonstrate your knowledge.*

### D. Follow-up counseling/instructions for use of recommended fitting 15 pts.

Based on the sample audiogram and description given above:

1. Describe how you would fit the hearing instrument.  
Give an accurate presentation of the limitations and expectations. (8pts.)
2. Perform a follow-up dispensing visit. Show how you would present the hearing instrument and give the client instructions about how it should be used. (7 pts.)

Total 60 pts.



**42 of 60 needed to pass this section**

**Note: The earmold portion of the examination is broken down into two parts and candidates must achieve a passing score on both parts to successfully pass the earmold portion**

**AUDIOMETRIC EXAMINATION-(50 minutes)**

**Examination-The practical examination will test proficiency in the techniques listed below as they pertain to the fitting of hearing instruments.**

- |   |                |
|---|----------------|
| <b>A. Social/Communications History</b>   | <b>5 pts.</b>  |
| 1. Take highlights of lifestyle/ occupation history (2 pts.)<br>Be brief due to time constraints.   |                |
| 2. Situations of impairment ( 3 pts.)   |                |
| <b>B. Otological History</b>  | <b>5 pts</b>   |
| <b>C. Perform otoscopic examination</b>   | <b>5 pts</b>   |
| <b>D. Give instructions to client for audiometric tests.</b>  | <b>5 pts.</b>  |
| <b>E. Perform pure tone testing,</b>  | <b>30 pts.</b> |
| air conduction<br>earphone placement and adjustment<br>bone conduction<br>bone conductor placement and adjustment<br>masking techniques and reason for use<br>air and bone conduction techniques  |                |
| <b>F. Perform speech testing</b>  | <b>30 pts.</b> |
| speech reception threshold testing,<br>speech discrimination,<br>most comfortable loudness level,<br>and uncomfortable loudness level.<br>be able to explain and demonstrate the appropriate masking<br>techniques and when it is necessary |                |
| <b>D. Audiogram and Interpretation of Hearing Loss (20 pts.)</b>  | <b>20 pts.</b> |
| 1. Evaluate the type of loss and explain to the client<br>2. Evaluate the degree of loss and explain to the client  |                |

**Total 100 pts.**

**A minimum score of 70 is required to pass the audiometric examination.**

## **WRITTEN EXAMINATION-*HEARING INSTRUMENTS SPECIALISTS ONLY***

### **I. Content-The written examination will cover the following subjects:**

1. Basic physics of sound
2. Anatomy and physiology of the ear
3. Function of hearing instruments and assistive listening devices
4. Wisconsin Statutes and Administrative Code, Chapter 459, HAS 1-8
5. Techniques of fitting hearing instruments

### **II. Grading - A minimum score of 70 is required to pass the written examination.**

### **III. Date, Place and Time**

1. The written examination is available four times a year in March, June, September, and December.
2. Examinations are administered in Madison on the same day and place as the practical examinations.
3. You will have two hours to complete the written examination.

### **IV. Materials**

1. Books and/or papers may not be taken into the examination room.

## **SPECIAL NOTICE TO ALL APPLICANTS**

### **I. Results-The results of the practical examinations and written examination will not be given the day of the examination. Notification of the examination results will be sent by mail directly to the applicant. Results will not be sent to third parties. Results will be mailed to each applicant within three weeks of the exam.**

**Please note: Results will not be given over the phone.**

### **II. Review**

1. If you do not pass the practical and/or written examination, you may review your examinations at a regularly scheduled review session. You may not be accompanied by anyone during the review session.
2. Reviews will be held at the Wisconsin Department of Regulation & Licensing and will be subject to board approved review procedures.
3. You may not review an examination within 30 days of the next administration.

**Please note: Reviews will not be allowed over the phone.**

## **SPECIAL NOTICE TO ALL APPLICANTS**

### **III. Re-takes**

1. Second attempts on the same examination date will not be permitted on the practical examinations. Unsuccessful candidates will be required to re-take any parts failed at any of the next regularly scheduled exams.
2. Candidates failing one portion of the examination will be required to take only the portion failed. Candidates failing more than one portion will be required to re-take the entire examination. A fee is charged to re-take the examination.

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08/28/03

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## APPLICATION PACKET ADDENDUM (INTERNET)

### Audiologist application packet

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

### PLEASE PRINT OR TYPE

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
PO Box

\_\_\_\_\_  
City, State, Zip

Thank you.

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